

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Jeffrey G. Whitelaw  
Appl. No. : 09/408,112  
Filing Date : 09/29/1999  
Title : "V-CHIP" PRESET CRITERIA  
Group Art Unit : 2614  
Examiner : Michael W. Hoyer  
Docket No. : 705397.21

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Technology Center 2600

Mail Stop Fee-Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RESPONSE/AMENDMENT TRANSMITTAL**

Transmitted herewith is a response/amendment in the above-identified application in connection with the Office Action dated July 30, 2003.

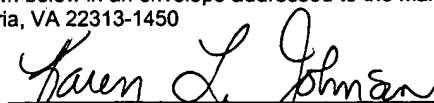
Applicant hereby petitions for an extension of time under 37 CFR § 1.136 [fees: 37 CFR § 1.17(a)(1)-(5)] for the total number of months checked below:

EXTENSION (months)	FEE FOR SMALL ENTITY	FEE FOR OTHER THAN SMALL ENTITY
<input type="checkbox"/> one month	\$55.00	\$110.00
<input type="checkbox"/> two months	\$210.00	\$420.00
<input type="checkbox"/> three months	\$475.00	\$950.00
<input type="checkbox"/> four months	\$740.00	\$1,480.00
<input type="checkbox"/> five months	\$1,005.00	\$2,010.00
Fee		\$0.00

CERTIFICATE OF MAILING  
37 CFR §1.8

I hereby certify, pursuant to 37 CFR §1.8, that I have reasonable basis to expect that that this paper or fee (along with any referred to as being attached or enclosed) would be mailed or transmitted on or before the date indicated with the United States Postal Service with sufficient postage as first class mail on the date shown below in an envelope addressed to the Mail Stop Fee-Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Dated: October 30, 2003

  
Signature of Person Mailing Document

DOCSOC1:143778.1

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Appl. No.  
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Jeffrey G. Whitelaw  
09/408,112  
Michael W. Hoyer  
705397.21 (former 245/282)

Applicant hereby submits notice that additional claims are filed with amendment.

Fee Calculation: TOTAL AMOUNT OF PAYMENT: \$72.00

- A. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit Account No. 15-0665.  
☒ Charge any additional fee required under 37 CFR 1.16 and 1.17 to Deposit Account No. 15-0665.  
B. ☐ Payment Enclosed  
☐ Check ☐ Credit Card ☐ Money Order ☐ Other

<b>BASIC FILING FEE:</b>							\$0.00
Total Claims	46	-	42	=	4	X \$18.00	\$ 72.00
Independent Claims	4	-	4	=	0	X \$86.00	\$0.00
Multiple Dependent Claims	\$290	(if applicable)	<input type="checkbox"/>				\$0.00
<b>TOTAL OF ABOVE CALCULATIONS</b>							\$72.00
Reduction by 1/2 for Filing by Small Entity. Note 37 CFR §§ 1.9, 1.27, 1.28. <input type="checkbox"/>							\$0.00
Extension of Time (from above)							\$0.00
Assignment -- \$40 (if applicable) <input type="checkbox"/>							\$0.00
<b>TOTAL FEES SUBMITTED HERewith</b>							\$72.00

Respectfully submitted,

ORRICK, HERRINGTON & SUTCLIFFE LLP

Dated: 10/30/2003

By: 

Kenneth S. Roberts  
Reg. No. 38,283

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